

**CITY OF BRYAN - VITAL STATISTICS OFFICE**

P.O. BOX 1000, BRYAN, TX 77805

(979) 209-5007 // FAX: (979) 209-5017

**OFFICE USE ONLY**

Remote/Certificate # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Wallet # \_\_\_\_\_

Check # \_\_\_\_\_

Book &amp; Page # \_\_\_\_\_

Cash \_\_\_\_\_

VOIDED# \_\_\_\_\_

BY: \_\_\_\_\_

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE****BIRTH RECORDS: ALL COPIES ARE CERTIFIED****DEATH RECORDS: FILL OUT APPLICATION****USING DEATH INFO** Local Certification X \$23.00 = \_\_\_\_\_ Number Requested \_\_\_\_\_ Wallet Size (Local Births) X \$23.00 = \_\_\_\_\_ First Copy X \$21.00 \_\_\_\_\_ Remote Certification (**Not Born in Bryan/CS**) X \$23.00 = \_\_\_\_\_ Additional Copies X \$4.00 \_\_\_\_\_ Wallet Remote Certification (**Not Born in Bryan/CS**) X \$23.00 = \_\_\_\_\_

Total Due = \_\_\_\_\_

Total Due = \_\_\_\_\_

**PLEASE PRINT**

<b>1. Full Name of Person on Record</b>	First Name	Middle Name	Last Name (Birth)	Last Name (Death)
<b>2. Date of Birth Or Death</b>	Month	Day	Year	3. Sex
<b>4. Place of Birth Or Death</b>	City or Town	County	State	
<b>5. Full Name of Father</b>	First Name	Middle Name	Last Name	
<b>6. Full Name of Mother</b>	First Name	Middle Name	Last Name (Current)	Maiden Name

7. Name of person applying: \_\_\_\_\_ 8. Telephone#: \_\_\_\_\_

9. Mailing Address: \_\_\_\_\_  
street address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_10. Relationship to Person on #1 : (*Self/ Mom/Dad/Grandma/Grandpa/Brother/Sister/Spouse/Step Parent/Other*): \_\_\_\_\_

11. Purpose for Obtaining This Record: \_\_\_\_\_

**12. Additional Identifying Information for Death Certificate:**Social Security Number of Deceased: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Birth Place, Etc. \_\_\_\_\_**13. If certified copy is to be mailed to some other person, please complete:**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

Signature of Applicant

Date of Application